



Arizona State Board of Pharmacy

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CHARACTER VOUCHER

For Full Exam or Score Transfer Applicants

For licensure candidate: _____

I attest to the best of my knowledge the above mentioned candidate is not addicted to the use of habit forming or narcotic drugs, is not a chronic or persistent inebriate and has not been convicted on any violation of federal or state laws pertaining to drugs or devices. The candidate is of good moral character and will in my opinion be a credit to the pharmacy profession.

I wish to add the following comments in reference for the licensure candidate:

Pharmacist Signature

Name (please print)

Address

City

State

Zip

Pharmacist License Number

State of Licensure

PLEASE RETURN THIS FORM TO THE BOARD OFFICE BY MAIL, EMAIL OR FAX

Information provided on this form is for Board use only and will not be released under any circumstance